Town of Hamilton
Board of Health

577 Bay Road / P.O. Box 429
S. Hamilton, MA 01982
978-468-5579; Fax 978-468-5582

Application for Septic System Operation and Maintenance Provider License

FEE $25.00 Payable to the Town of Hamilton
License expires annually on December 31st

In accordance with M.G.L. c.111, Section 31, the undersigned makes application to the Hamilton Board of Health for permission to conduct Operation and Maintenance (O&M) inspections for:

Please Select:

___ Innovative/Alternative (I/A) Septic Systems (must be a Class II Wastewater Treatment Plant Operator)
___ Pressure Distributed Leach Areas (must be a licensed Hamilton Septic Installer or a Class II Wastewater Treatment Plant Operator)

Name of O&M Provider:_____

Email Address:_____

Business Name:_____

Business Mailing Address:_____

Business Phone #:_____ Business Fax #:_____

Name of Owner/Corporation Name:_____

If company has additional employees please list all on back side of application and include a copy of each employee's licenses.

Please include with this application:

___ Addresses of all septic systems you maintain in Hamilton (I/A or Pressure Distributed)
___ Workers compensation insurance affidavit
___ Copy of your Class II Wastewater Treatment Plant Operator License (if you maintain I/A systems)
___ Copy of your picture Identification
___ $25 Fee (for owner/company combined)

Pursuant to M.G.L. Ch. 62C, Sec. 49A, I certify under the pains and penalties of perjury, that I, to the best of my knowledge and belief, have filed all state tax returns and paid all state taxes required under law.

I certify that the information I have provided above is true and accurate. I agree to comply with Title 5 and any rules, regulations or policy of the Town of Hamilton. **I agree to submit O & M reports to the Board of Health and owner within 30 days of the O&M inspection, and understand that failure to do so will result in suspension of O&M license.**

_____ _____

Signature of Applicant: O&M Provider Signature Corporate Office (if applicable)

** If your complete application is not received by December 1st you will be assessed the $50.00 late fee which must be paid before the application is processed.

The Commonwealth of Massachusetts
Department of Industrial Accidents
1 Congress Street, Suite 100
Boston, MA 02114-2017
www.mass.gov/dia

Workers' Compensation Insurance Affidavit: General Businesses.
TO BE FILED WITH THE PERMITTING AUTHORITY.

Applicant Information **Please Print Legibly**

Business/Organization Name:_____

Address:_____

City/State/Zip:_____ Phone #:_____

Are you an employer? Check the appropriate box:

1. ☐ I am a employer with _____ employees (full and/ or part-time).*
2. ☐ I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required]
3. ☐ We are a corporation and its officers have exercised their right of exemption per c. 152, §1(4), and we have no employees. [No workers' comp. insurance required]**
4. ☐ We are a non-profit organization, staffed by volunteers, with no employees. [No workers' comp. insurance req.]

Business Type (required):

5. ☐ Retail
6. ☐ Restaurant/Bar/Eating Establishment
7. ☐ Office and/or Sales (incl. real estate, auto, etc.)
8. ☐ Non-profit
9. ☐ Entertainment
10. ☐ Manufacturing
11. ☐ Health Care
12. ☐ Other _____

*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.
**If the corporate officers have exempted themselves, but the corporation has other employees, a workers' compensation policy is required and such an organization should check box #1.

I am an employer that is providing workers' compensation insurance for my employees. Below is the policy information.

Insurance Company Name:_____

Insurer's Address:_____

City/State/Zip: _____

Policy # or Self-ins. Lic. #_____ Expiration Date:_____

Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date).

Failure to secure coverage as required under Section 25A of MGL c. 152 can lead to the imposition of criminal penalties of a fine up to $1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to $250.00 a day against the violator. Be advised that a copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance coverage verification.

I do hereby certify, under the pains and penalties of perjury that the information provided above is true and correct.

Signature:_____ Date:_____

Phone #:_____

Official use only. Do not write in this area, to be completed by city or town official.

City or Town: _____ **Permit/License #**_____

Issuing Authority (circle one):
1. Board of Health 2. Building Department 3. City/Town Clerk 4. Licensing Board 5. Selectmen's Office
6. Other _____

Contact Person:_____ **Phone #:**_____